

<i>SERFF Tracking Number:</i>	<i>STNA-125558446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102218 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F</i>		

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: CIMI BUSINESS PROGRAM	SERFF Tr Num: STNA-125558446	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: #102218 \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: SNIC-CA-CIMI-AR-08-03-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Ines Piquet	Disposition Date: 04/15/2008
	Date Submitted: 04/08/2008	Disposition Status: Approved
Effective Date Requested (New): 05/10/2008		Effective Date (New): 05/10/2008
Effective Date Requested (Renewal): 05/10/2008		Effective Date (Renewal): 05/10/2008

State Filing Description:

General Information

Project Name: SNIC-CA-CIMI-AR-08-03-F	Status of Filing in Domicile: Pending
Project Number: SNIC-CA-CIMI-AR-08-03-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/15/2008	
State Status Changed: 04/11/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

On behalf of State National Insurance Company Inc. ("the Company"), we are filing to revise the Trip Lease and Brokerage Exclusion Endorsement applicable to the Commercial Automobile CIMI Specialized Business Program. Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on May 10, 2008 or the earliest possible date upon approval/acknowledgement.

<i>SERFF Tracking Number:</i>	<i>STNA-125558446</i>	<i>State:</i>	<i>Arkansas</i>
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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

SERFF Tracking Number: STNA-125558446 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102218 \$50
Company Tracking Number: SNIC-CA-CIMI-AR-08-03-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CIMI BUSINESS PROGRAM
Project Name/Number: SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	04/08/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102218	\$50.00	03/20/2008

<i>SERFF Tracking Number:</i>	<i>STNA-125558446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102218 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/15/2008	04/15/2008

<i>SERFF Tracking Number:</i>	<i>STNA-125558446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102218 \$50</i>
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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F</i>		

Disposition

Disposition Date: 04/15/2008

Effective Date (New): 05/10/2008

Effective Date (Renewal): 05/10/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	STNA-125558446	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#102218 \$50
Company Tracking Number:	SNIC-CA-CIMI-AR-08-03-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	CIMI BUSINESS PROGRAM		
Project Name/Number:	SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo & Letter of Authority	Approved	Yes
Form	TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT	Approved	Yes

SERFF Tracking Number: STNA-125558446 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102218 \$50

Company Tracking Number: SNIC-CA-CIMI-AR-08-03-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: CIMI BUSINESS PROGRAM

Project Name/Number: SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT	CIMI CA 22	9 05	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CIMI CA 22 Previous Filing #: AR-PC-05-016719		CIMI CA 22 9 05 Trip Lease & Brokerage Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

**TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

The policy to which this endorsement is attached is amended so that Section II (A) is amended to include under Section II (A) 1. "who is an insured", a sub-part which reads as follows:

Any "trucker" or his or her agents or employees is not an "insured" under this policy for claims resulting from the ownership, maintenance or use of a covered auto owned by anyone other than the "named insured" which is operated pursuant to operating rights granted to anyone other than the "named insured" by a public authority.

The policy is further amended so that under Section II. (B) there is added the following exclusion:

Except as provided in the Section entitled, "Certain Trailers, Mobile Equipment and Temporary Substitute Autos", this policy of insurance does not provide coverage which applies to any bodily injury or property damage for which any insured may be held liable as a result of an accident or occurrence arising out of the operation of a covered "auto" unless that "auto" is owned by the named insured or leased by the named insured either (a) pursuant to a written lease whose terms exceed thirty (30) days and is operated by or on behalf of the named insured pursuant to operating rights granted to the named insured or (b) pursuant to written lease for a term of thirty (30) days or less if the lessor is not a "trucker" and is regularly engaged in the business of leasing or renting autos without drivers.

Both of the above are limitations upon coverage that might otherwise be provided for in the policy and shall not be interpreted to extend coverage to any auto, person, bodily injury or property damage not otherwise covered by the policy.

Policy No.: _____

Named Insured: _____

Effective Date: _____

Signed and Accepted

Principal Only

Date

Witness

<i>SERFF Tracking Number:</i>	<i>STNA-125558446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102218 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CIMI BUSINESS PROGRAM</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125558446 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102218 \$50
Company Tracking Number: SNIC-CA-CIMI-AR-08-03-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CIMI BUSINESS PROGRAM
Project Name/Number: SNIC-CA-CIMI-AR-08-03-F/SNIC-CA-CIMI-AR-08-03-F

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	04/15/2008

Comments:

Attachments:

NAIC PCTD.pdf

NAIC FFS.pdf

		Review Status:	
Satisfied -Name:	Filing Memo & Letter of Authority	Approved	04/15/2008

Comments:

Attachments:

AR Filing Memo.pdf

AR LOA.pdf

Property & Casualty Transmittal Document

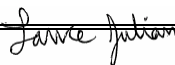
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
State National Group	0093

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State National Insurance Company	TX	12831	75-1980552	

5. Company Tracking Number	SNIC-CA-CIMI-AR-08-03-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lance Julian 881 Alma Real Dr. Ste. 217 Pacific Palisades, CA 90272	State Filings Analyst	888-201-5123 X149	310-230-8529	doi@perrknight.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Lance Julian		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	CIMI Business Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: May 10, 2008 Renewal: May 10, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	04/07/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	SNIC-CA-CIMI-AR-08-03-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of State National Insurance Company Inc. ("the Company"), we are filing to revise the Trip Lease and Brokerage Exclusion Endorsement applicable to the Commercial Automobile CIMI Specialized Business Program. Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on May 10, 2008 or the earliest possible date upon approval/acknowledgement.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 102218 Amount: \$50.00</p> <p>\$50 per form filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SNIC-CA-CIMI-AR-08-03-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	TRIP LEASE AND BROKERAGE EXCLUSION ENDORSEMENT	CIMI CA 22 9 05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CIMI CA 22 9 05	AR-PC-05-016719
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**STATE NATIONAL INSURANCE COMPANY
COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**

CIMI SPECIALIZED BUSINESS PROGRAM

Arkansas

FILING MEMORANDUM – FORMS

On behalf of State National Insurance Company (“the Company”), we are filing a change to our Trip Lease and Brokerage Exclusion Endorsement applicable to our commercial automobile CIMI Specialized Business Program in your jurisdiction. The only change relates to the title, which currently reads, “Trip Lease Exclusion Endorsement.” This form excludes both trip lease and brokerage, so we are proposing to amend the title such that it reads, “Trip Lease and Brokerage Exclusion Endorsement.” This was an inadvertent omission.

The previous version of this endorsement was effective 11/1/2005, DOI Filing Number AR-PC-05-016719. We are proposing to keep the edition date the same. No other changes are being proposed with this filing.



March 17, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Commercial Auto
Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Perr & Knight, 881 Alma Real Drive, Suite 205, Pacific Palisades, CA. 90272. Should you have any questions concerning this filing, please contact Perr & Knight at (888) 201-5123.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (National American)